

100-40534

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/		/			
4	/		/			
5	/		/			
6	/		/			
7	/		/			
8	2		1			
9	3					
10	10					
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50						
<b>TOTAL IND.</b>			45			
<b>TOTAL DEP.</b>			21			
<b>TOTAL CLAIMS</b>			25			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
<b>TOTAL IND.</b>						
<b>TOTAL DEP.</b>						
<b>TOTAL CLAIMS</b>						